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CASE OF SPINAL IRRITATION.

A Case of Spinal Irritation. By ROBERT J. TURNBULL, M.D. of Charleston, S. C.

WE know of no one medical fact, of recent observation, which has illustrated the nature of so many diseases, and those too of an anomalous and obscure character, as the above condition of the spinal cord. When reflecting upon those maladies which have been classed under the vague and indefinite appellation of *nervous* or *functional* diseases, may we not indulge a rational hope that the limits of these classes are about to be narrowed down to the smallest compass, and that our *divine art* is about to be rid of terms which are but so many evidences of our ignorance of the seat of disease? and may we not also augur the happiest results from the work already begun? We find ourselves no longer satisfied with the vague illustration of angina pectoris, as a *functional* disease; or hysteria, as dependent upon a *general derangement* of the nervous system. This '*airy nothing*' has at length received '*a local habitation and a name.*' As there may yet exist some, who are ignorant of the existence of this affection of the spine, and consequently of the rational interpretation of those phenomena which declare its existence; as also those who, though not ignorant of such a morbid condition of the spinal cord, yet do not acknowledge the symptoms which have been deemed indicative of its existence, as referable to such a condition of the spine, we cannot but flatter ourselves that a case so marked as that which we are about to record, will prove highly satisfactory, both as to the existence of such a disease—the propriety of addressing our therapeutical agents to the spinal column alone—and also of their prompt remedial agency when thus applied.

In the month of August, 1831, I was requested to visit Harriet B., aged nineteen years, milliner by occupation, who had just returned from the country where intermittent fever prevailed. I found her with all the symptoms of an intermittent in its second stage; but upon inquiry I learned that there had preceded no marked chill. For want of better information as to the history of the case, and particularly as the physician in the country had pronounced the similar attacks which she had experienced, of the character of intermittent fever, I treated her present disease as such; and convalescence was the result. I now learned that

she had been frequently subject to this fever, about the catamenial period, which fact, taken in connection with that already mentioned, viz. that there had preceded no marked chill, at once gave me an insight into the nature of her complaint. I now naturally interpreted the fever, as an effort of the system to bring about this secretion ; and again upon inquiry I learned that the irruption of the menstrual secretion was synchronous with the subsidence of the febrile symptoms. Upon inquiry as to the quantity and performance of this function, I was furnished with all the symptoms of dysmenorrhœa and menorrhagia ; and I was also informed that they had long existed.

Being temporarily relieved of the uterine complaint, I was now consulted as to certain anomalous symptoms, which had existed for *five years*, and had baffled the skill of many physicians, and some of them our most eminent. These symptoms were *pain in the right hypochondriac region*, pain in the *right shoulder*, pain *shooting up the neck* and back part of the head, also a *hacking dry cough*, which were all aggravated towards evening, continued throughout the night, and depriving of all sleep until towards morning, when there usually occurred a mitigation of the symptoms. These pains were represented as excruciating, and my patient expressed herself willing to submit to any treatment, however tedious, which would promise hopes even of partial relief—the idea of total relief was too delightful to anticipate. From these symptoms I very naturally thought that I had to encounter a chronic hepatitis, associated with a general derangement of the chylopoietic viscera ; and to which general derangement, I was disposed to attribute the derangement of the functions of the uterus. To remedy the first, all the usual articles of the materia medica were put in requisition, both locally and constitutionally. To induce a healthy condition of the uterine functions, such advice was given as tended to improve the general health, but without the slightest relief.

The reflection which the above failure induced, led me to refer the complaint to the class neuralgia, as had been recently illustrated by Teale and others ; with these, I now began to suspect that the cause of the disease was to be sought for at the origin of the nerves affected. Pressure was accordingly made upon the spinous processes of the vertebræ, throughout the whole column, and the result was pain, about from the second to the sixth cervical ; about the fourth or fifth dorsal, and again about the last dorsal, or first lumbar vertebræ. This examination satisfied me as to the spinal origin of the disease ; and upon a more minute inquiry as to the nature of the pains, I was informed that the pain in the head was *superficial*, and *ramified* over the occiput and under the scalp ; that the pain in the shoulder was that of ‘a knife piercing the part ;’ that the pain in the side was in the *course of the rib*, which was evinced by laying the index finger parallel to that bone, when asked as to the kind of pain which she experienced. She had some months experienced much pain in the lumbar region ; and upon inquiry, she informed me that at that time she had numbness in the lower extremities, and that for a few days back she had experienced a *weakness* in her *right arm*. These symptoms determined me to the treatment which ought to be pursued, and I accordingly applied three moderate-sized

blisters over the spots tender upon pressure. Great constitutional irritation supervened, with an aggravation of all the local pains, particularly that of the right shoulder; but the catamenia making their appearance at this time, I was at a loss to determine whether the aggravation of the symptoms was attributable to the action of the blisters upon a peculiarly sensitive skin, or whether referable to the disturbed condition of the circulation, dependent upon the menstrual effort. Accompanying this condition of the system, there was involuntary *twitching* of the body, but chiefly of the *right arm*. All these aggravated symptoms subsided with the eruption of the catamenia, and the abstraction of the blisters. The treatment was now omitted for a week or ten days.

Upon again visiting my patient, I found that the disease had progressed; and a few days after, the *weakness* of the arm was so great as to preclude its use, even at her meals. When the hands were put into cold water, pains darted up the arm. I now determined to treat the case, *de novo*, as spinal irritation; and I commenced with a liniment composed of equal parts of olive oil and spirit of turpentine, which was afterwards increased to three parts turpentine, and finally to four parts turpentine to one of oil. This liniment was used three and four times a day, with marked benefit. A mitigation of the pains followed its use, and the arm was so much strengthened, that upon one of my visits I found her using it *violently* in drying a large teaboard. I now began to entertain hopes of a cure, to accomplish which, I began with the more stimulating application of *tartar emetic ointment*, which was used with progressive benefit, until, contrary to my directions, the remedy was pushed too far; and great constitutional irritation was again set up, aggravating all the symptoms, and accompanied with the involuntary *twitchings* of the body and *right arm*. These subsided with the subsidence of the pustular inflammation; and a more moderate use of the ointment continued to mitigate her sufferings, and eventually relieved all those symptoms which had existed for more than five years without intermission. She now tells me 'that all her pains are gone, and she cannot express how much better she feels.'

Though relieved of the symptoms dependent upon the irritation existing in the spinal cord, the dysmenorrhœa and redundancy of the catamenia were not materially affected; in connection with which, however, it ought to be remarked, that the lumbar portion of the spine, tender upon pressure, was much neglected in the treatment, owing to the inconvenience of making the application. She never observed the horizontal position. This, we believe, unnecessary, when the disease exists in the cervical or dorsal vertebræ. In the lumbar vertebræ, however, owing to the superincumbent weight, as also to the greater latitude of motion, the recumbent posture, no doubt, will be productive of great benefit. In making our applications to the spine, care should be taken lest we produce too general and intense an inflammation in the vicinity of the original affection, which will not fail to extend itself to the subjacent spinal cord, and thus augment that irritation which it was our design to remove. We cannot take leave of this case, without making some reference to the connection and dependence of the symptoms upon the morbid condition of the spinal cord. These, we have already said, were pain in the

back part of the head, ramifying over the occipital portion of the occipito-frontalis muscle—pain shooting up the neck—pain in the shoulder, in the hypochondriac region, and in the course of the rib ; also a troublesome dry cough. Let us now connect these symptoms with the origin and distribution of the nerves arising from the diseased portions of the spinal cord.

The sub-occipital or tenth pair of nerves arises from the medulla spinalis, between the occiput and first vertebræ of the neck, and divides into two branches ; the posterior gives nerves to the deep-seated, small muscles arising from the first and second vertebræ and the occiput, as also to the *complexus* and *splenius* muscles, on which we must locate the darting pains in the neck. The second cervical, issuing from between the first and second vertebræ of the neck, divides into two branches ; the superior inosculates with the sub-occipital nerve ; the posterior branch likewise supplies the *complexus* and *splenius* muscles, and communicates with the first cervical ; its branches also extend 'over the occiput, even to the summit of the head.' The fourth cervical divides into two branches ; the first goes to form, with the third and fifth cervical nerves, the *phrenic nerve*, and sends also a branch to the sympathetic, to the *integuments* of the neck and shoulder, and to the *supra* and *infra-spinatus muscles* ; the posterior division of this nerve passes to the muscles of the spine and shoulders. This distribution of nerves arising from the diseased portions of the spinal cord, as evinced by the pressure made, will fully elucidate the pains in the neck and shoulders. The origin of the phrenic nerve, from the third, fourth, and fifth cervical nerves, the two first vertebræ of which were tender upon pressure, will account for the convulsive action of the diaphragm, giving rise to the 'dry, hacking cough.' It becomes us however to say, that this cough yielded to antimonials, and that, too, before any application was made to the diseased spine. The axillary plexus is formed by the fifth, sixth, seventh, eighth, and first dorsal nerves. The nerves of the arm being derived directly from this plexus, whose origin we have seen was diseased, as evinced by the pressure made upon the fourth and sixth vertebræ, will afford us an explanation of the pain in the arm and its subsequent weakness—I might say paralysis. It remains but to account for the pain in the *course of the rib* ; the reader will, no doubt, anticipate us in saying, that we refer this to the intercostal nerve, coming from between the fourth and fifth dorsal vertebræ, which, it will be recollected, were tender upon pressure.

We now take leave of this case, hoping that its recital may prove as instructive to others as it has been to ourselves—that it will be recollected for the future, that pain in the right hypochondriac region, accompanied with pain in the shoulder, is not a diagnostic of the existence of hepatitis ; and that, under these circumstances, the patient ought to be examined as to the existence of the above condition of the spinal cord.—*American Journal of Medical Sciences.*

CHOLERAPHOBIA.

Cases of Choleraphobia ; with Remarks on the Effects of Fear as producing Disease during the present Epidemic Cholera. By Dr. TELLIER.

CASE I. A woman having died in a few hours with a violent attack of cholera, in a district where the disease had been previously unknown, her neighbor, a nervous female, was greatly alarmed, and suddenly seized with shiverings, universal tremblings, and inexpressible uneasiness. She was put to bed, made warm, and had warm drinks administered ; and all untoward symptoms disappeared in a few hours. Some days afterwards she was taken with a serious looseness in the bowels, about which, however, she did not feel alarmed ; and in the night she was suddenly seized with violent cholera, and died.

CASE II. A man of a tolerably strong constitution, who had been bled a few days before for palpitations of the heart, fancied, all of a sudden, that he was seized with cholera, because he had some shiverings and cramps, and especially because cholera was in the country. He went to bed between the blankets, had bottles of hot water, and drank abundantly of very warm tea. His countenance was excited, skin hot and moist, pulse frequent and hard ; he had neither vomiting nor purging, urine secreted as usual, tongue natural, and intellects more active than usual. Some hours afterwards he became more and more light-headed ; he jumped out of bed stark naked, exclaiming that he had not an hour to live. His physician arriving at the moment, spoke to him in an authoritative tone, which dissipated his alarm. He went to bed again, slept quietly, and on the following day was perfectly well.

CASE III. A chambermaid, twenty-four years old, who had been ailing for several days, was seized, a few minutes after she had taken some coffee at breakfast, with much uneasiness and shivering. She fancied that she was attacked with cholera. She went to bed, made herself as warm as possible, and drank hot chamomile tea. Pulse small, and 108 per minute ; heart beating tumultuously ; skin hot, tongue natural, respiration somewhat embarrassed. There was neither vomiting nor purging, but her spirits were greatly depressed. Some ordinary medicines, with an opiate, were administered. She slept soundly, and on the following day was so well that she remained up a long while, and subsequently merely suffered with common diarrhoea.

CASE IV. A woman, thirty-five years old, lately cured of an ordinary bowel complaint, after being exposed to cold in the evening, washing her hands in cold water, and eating a hard egg, felt cold and went to bed, but was shortly obliged to get up to relieve her bowels. She was then seized with shivering, and felt convinced that she was attacked with cholera. Her pulse was very quick, beating more than one hundred per minute ; respiration short and difficult ; she felt stifled, her heart beat violently, face red and hot, and tongue natural. She had neither vomiting nor purging. She was bled freely, and put on low diet ; and demulcent medicines, with a slight opiate, prescribed. But the dyspnoea increased, and the pulse became still more accelerated. While the patient was loaded, or rather overloaded, according to her own desire, not

only with bedclothes, but with all manner of garments, and hot bottles and warming pans continually applied, if the least breath of air flew on her she shivered violently, even when her skin felt burning hot. During the day, leeches were applied to the pit of the stomach, but they were removed before they began to draw blood; and the mustard poultices ordered were not kept on. A grain and a half of opium, with three grains of digitalis, given in three divided doses, at intervals of three hours, had no effect on the pulse, and did not procure sleep. During the night the dyspnoea was greatly increased; the pulse rose to 140 per minute, and the heart beat with violence. She was again bled, and infusion of limeflowers, with orangeflower water, prescribed; but without relief. The intellects became disturbed, sensibility blunted, respiration still more difficult, and at length intermittent; and the patient died within thirty hours from the commencement of the attack.

From these cases, and many others he has observed, and an account of which he proposes to publish hereafter, Dr. Tellier concludes that even the most violent fear cannot produce the 'blue cholera,' but bring on a particular disease, to which the name *phobia* (cholera^{phobia}) may be given. The only known cause of this disease is fear; the symptoms are agitation, general uneasiness, disposition to shivering, skin hot, and often moist, pulse hard and frequent, countenance excited, tongue natural, absence of vomiting and purging, bowels sometimes confined, excitement of the nervous system and often cramps.

The diagnosis is easy, especially when the cause is known. The prognosis must be often unfavorable, since the disease so frequently has proved fatal.

The treatment is difficult to decide on. To calm the imagination is a thing in general impossible; the patient is persuaded of the truth of his delusions, and the nervous system being in such a disordered state, he is no longer master of himself.—*Gazette Medicale.*

ASSAFETIDA IN HYSTERICAL VOMITING AND NEURALGIA.

Hysterical Vomiting and Neuralgia, cured by very large Doses of Assafetida. Case reported by Mr. DWYER.

JULY, 1832. Anne May, æt. twenty-nine, married, has had four children; her last, two years since, stillborn; after which confinement she got cold, with pain in the left side, shooting from the scapula to the region of the heart. She was admitted into Meath Hospital three months ago, for a severe attack similar to the present, together with some fever, and was dismissed relieved, having been bled, leeches, and blistered. Admitted on the 5th July. She states that, for the last fortnight, she has suffered from pain shooting from the backbone, and along the course of the ribs till it arrives opposite the heart, when vomiting of bilious matter is induced by its severity. Never vomits without this precursory pain. At present she rejects everything from her stomach; no tenderness of any part of the abdomen on pressure; her general aspect is excited, and her respiration is extremely hurried, irregular, and accompanied by heaving of the chest and occasional sighing. This state of the respiration ap-

persists to persist during the whole period of the attack, which, however, in its other symptoms is variable, and consists of paroxysms, alternating with intervals comparatively calm. She lies for some time quiet on her back, and then suddenly starts up, rolls about in the bed, shrieking with agony, weeping, and agitated by violent eructations and vomiting, without, however, any disturbance of the pulse. Has never had Globus hystericus, nor has she been subject to headache or pain in the temple; appetite, previous to this attack, pretty good. Catamenia always regular; bowels generally confined; urine scanty, and deposits a copious sediment; pulse sixty-four; tongue moist; complains of thirst, perhaps from vomiting.

On the examination of the spine, she shrinks from pressure over the dorsal spines and along the projections of the ribs round to the left mamma. No palpitation of heart; no morbid phenomenon detected by stethoscope.

6th. Ordered actual cautery, to six points on each side of dorsal spines; and Assafoetida gr. x. 2ndis horis.

7th. Paroxysms of pain and vomiting occurred frequently up to twelve o'clock last night, when they ceased, and have not since returned. The cautery was applied, and she took twenty-two pills. Bowels confined, urine scanty and thick; other functions natural. Some tenderness still; respiration now quite tranquil; slept well.—Enema fetidum bis die. Repet. pilulæ Stiis horis.

8th. No return of pain or vomiting; there is still tenderness on pressure, but less in degree; slept well; took sixteen pills, and had the two fetid enemata, which produced two scanty evacuations of hard feces; respiration and other functions natural; bad appetite, she does not care for food. Convalescent.

13th. To-day she has some wandering pains in the right side, not severe.

Observations. My experience in other cases of a similar nature enables me to attribute the cure of this to the assafoetida, and not to the cautery. It is worthy of attention that she had taken 120 grains of assafoetida before the disease yielded, and that the improvement was permanent. In hysteria, when the patient can be prevailed on to take this medicine, I know nothing more efficacious than assafoetida; but to be serviceable, it must be given in very large doses, as has been long ago remarked by practical physicians. When exhibited in small doses, as is usually the case, it too frequently appears to be inert, and consequently has of late rather fallen into disrepute.—*Lon. Med. and Phys. Journ.*

PARALYSIS OF THE PORTIO DURA, CURED BY MOXAS.

A. M., aged 43. The mouth was much drawn to the right side, and the right commissure pulled considerably upwards, while the left was directed downwards and inwards, leaving the front teeth exposed; the left cheek was much stretched, and closely applied to the alveolar arches; the left eyelids closed imperfectly, and thus part of the cornea was unprotected; the cause of this was chiefly attributable to the upper lid

cians, who gave him a few astringent powders of kino, and promised to see him the next morning. The visit was however delayed until the afternoon, and the patient was then found in the last stage of cholera. This case added but little to the alarm, many of the inhabitants visiting him with impunity, and fortunately there was no further spread of the disease after his decease. Many of the neighboring villages were suffering from this scourge of nations, while Brockport remained perfectly free from it until about the middle of September, when an African, for some time a common laborer in the village, and of intemperate habits, was attacked, after drinking several glasses of brandy and new cider, and lying out of doors exposed to the night air. He was seen on Wednesday morning by Dr. McClure, but was then in the stage of collapse, attended with some spasms, having, during the night, freely vomited and purged the fluid peculiar to this complaint. From motives of curiosity I went to see him at 11 1-2 A. M., and found him with the same peculiarities I had observed in other cases at Rochester. There was an universal coldness of the surface—enough to make one shudder on applying the hand; pulsation had ceased at the wrist, but a gentle pulsation of the carotid artery could be distinguished; the muscles of the arms were spasmodically shortened—the skin of the fingers shriveled and loose—and a cold clammy sweat was upon his face. The attending physician had attempted to bleed him from both arms, but failed in the attempt; and having directed frictions of Tinct. Canthar. and given some warm cordial internally, left him. I found his wife very leisurely rubbing his extremities with Tinct. Canth.; and directing her to heat some stones to apply to the feet, I commenced rubbing him briskly for about half an hour, but to little purpose. I then returned home, and at 2, P. M. proposed to a brother student to visit him with me. I prepared three or four ounces of the camphorated mercurial ointment, recommended in a number of your Journal as being found successful in New York, confident that if it would not be of benefit it could do no injury. We found him much as I had left him, and commenced, with the assistance of an African, applying the unguent. In about twenty minutes he became more restless—the surface in some places was quite warm—and the blood began to trickle from the orifices in his arms. We were much gratified with the result of this experiment, although the man was too far gone to hope for any benefit, and were satisfied that the unguent. would be of service in incipient stages of collapse in promoting the circulation. The man died in an hour, and a post-mortem examination was refused. This case produced no excitement whatever; and thus ended the ravages of the cholera in Brockport.

I may add that many of the citizens of this place, on the first appearance of the disease in Montreal, had imbibed an opinion that it was contagious; but at this time it would be difficult persuading any of them into that belief. I know the fallacious nature of arguments drawn from one or two examples; but the perfect impunity with which communication was continued between the sick and well in this and other places that have come under my observation, is sufficient to explode the theories of superficial speculation.

Brockport, December 26, 1832.

RECOVERY FROM COLLAPSE OF CHOLERA.

Another Case of Recovery from the Collapse of Cholera. By JOHN C. HOWARD, M. D. Phys. and Surg. to the House of Industry.

[Communicated for the Boston Medical and Surgical Journal.]

Nov. 30th, 1832. Dr. Gay passed the night at the House of Industry, and was requested to see John Macauley, a boy five years of age. On inquiry, he understood that he had vomited and purged for an hour previous. His countenance and pulse were good when first seen by Dr. Gay. In the space of a short time vomiting occurred, which was accompanied with a great change in the countenance. During the time Dr. G. attended the child, there was frequent vomiting and purging, although the quantity of matter was small; no urine was voided; the alvine evacuations had the usual character of rice water. Notwithstanding every effort, the child continued to sink until eight o'clock, A. M. when the pulse was very small and feeble; the extremities were cold, and of a blue color; the tongue was cold and had a slight white coat; the voice was in a whisper, and the breathing very laborious; the boy has passed no urine since first seen. He continued to sink until half past nine, when the pulse was imperceptible—the extremities very cold and moist, blue color well marked, the tongue was more cold, and the countenance fully indicative of the state of collapse in this disease. The usual expression of the face and eyes was completely obliterated, so that it could not be supposed that the child could have been recognized. The respiration was at this time exceedingly laborious, and the voice in a whisper that could scarcely be heard: as yet no urine voided.

The treatment of this case consisted in the administration of submuriat. hydrarg. x. grs., opium $\frac{1}{2}$ gr., camphor grs. ij. every hour, the immediate application of sinapisms to the feet and abdomen, and of the strong mercurial ointment with camphor and cayenne pepper to the inside of the thighs; the quantity rubbed in was 3ss. at each time. At half past eight there was a very slight appearance of bile in what was vomited; the powders of submuriate, opium and camphor were generally rejected. The above treatment was persisted in until half past nine, when Dr. Gay seeing the boy collapsed, considered the case as hopeless.

At half past ten I saw him, and he was then pulseless and voiceless, and in fact had nothing in common with a living being but the slow heavings of respiration, and a countenance truly cadaverous. I directed fresh sinapisms to his feet and stomach, and warm applications all around the body, and administered *submuriat. hydrarg. grs. xxx. in a dessert spoon, with a syrup made of pulv. gum aracia and sugar. In the space of two and a half hours the pulse was just perceptible, and there was slight warmth of the extremities; in four hours the pulse was stronger, and he had a discharge with some bile. Directed a scruple of the submuriat. (this was at three o'clock, P. M.). He was very thirsty, and drank barley water. At 6, P. M. he had another dejection, somewhat bilious.

* I have found that calomel is better kept on the stomach alone, and have accordingly given it so, uncombined with opium in any form; and of this I am convinced from having witnessed its exhibition in many cases of cholera.

8, P. M. pulse 120, full and soft, extremities warm, countenance much improved, respiration more easy and natural. 9 o'clock, P. M. seen by Dr. Wing, who passed the night at the House of Industry; was comfortable through the night. 9 o'clock, A. M. found the fever of reaction very strong; and, as I have uniformly observed in recovery from collapse, the brain was peculiarly oppressed; the patient seemed to be suffering from that febrile state which usually precedes effusion in hydrocephalus, and in truth he had some of the pathognomic symptoms of that disease. I am induced to mention this circumstance, to call the attention of practitioners to the fact in the recovery from the collapse of cholera; for, at this very time, and in the same room, I had a little patient in the last stage of hydrocephalus, who had five days before recovered from collapse.*

I would mention, in connection with what I have just said, that two adults died of apoplexy, who might perhaps have been relieved had the lancet been freely used. With such sad experience, I directed, to relieve the vessels of the brain, a blister over the head; and, when it should have vesicated well, to be dressed with the unguent. hydrarg. fort.; fresh sinapisms to the feet and epigastrium; submur. hydrarg. grs. iij.; creta preparata grs. vj. every third hour, with barley water and flaxseed tea for drink. These means had a good effect, and the next day I rejoiced to see my little sufferer again open his eyes upon the world and observe external objects, for it was but a few hours before I had certainly believed them closed forever. Mercurial ptyalism was a source of trouble for a few days, but it soon passed off.

Boston, January, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 9, 1833.

COMPARATIVE MODES OF TREATING THE CHOLERA.

How fruitless would be the attempt to enumerate, in a work like this, the remedies that have been proposed for the cure of the cholera; much more to institute any comparison between their several merits. This is a task, not for an individual, but for a medical commission; and it is to be hoped that by such it will shortly be undertaken. A work so herculean, and of such responsibility, should be committed to able and unprejudiced men, and to such, if possible (and some such we have now among us), as have the aid of extensive practical observation. It is a work that should be conducted under the auspices of the Government of the Country, the Commonwealth, or the City; and the Report on the subject that has al-

* Might not this little patient have been saved, had I zealously followed the indication and done what I could to relieve congestion of the brain by prompt bleeding, vesication, &c.? I think he possibly might.

ready emanated from the Massachusetts Medical Society, points to that body as the instrument by which the proposed Sequel would be most ably and independently executed.

We are not aware that a proposition of this kind has ever yet been made; but the time seems to have arrived when it becomes proper to view the subject in this light—to take a retrospect of the experience of the faculty in every country in which the disease has prevailed—to note the various methods of cure that have been proposed—state which of these remain for trial, which have been brought to the test of experiment, and the comparative claims of them all to trial or adoption. As we would not go so far as to suggest any plan for a report of such magnitude, so should we shrink from deciding on the most appropriate mode of originating it; but it occurs to us that the Legislature now in session might with great propriety request such a report from the Medical Society of the Commonwealth, and make a suitable appropriation for an object of so much importance—an object that touches not so much the property or liberties of the people, as their comfort and their lives.

When literary or scientific associations are incorporated by the State Government, and under its especial patronage, it seems peculiarly proper that they should be called on to furnish information on subjects occurring within their province, when any peculiar circumstances make it clear that such information would be productive of good to the people. A stronger case of this description seldom, perhaps, if ever, presented itself, than that to which we have thus briefly alluded.

PHRENOLOGICAL SOCIETY.

SINCE the death of Dr. Spurzheim, a Society has been formed in this city for the purpose of investigating the grounds of Phrenology, and its claims to attention and belief. The Rev. Mr. Pierpont has been elected President; Dr. Barber, Professor of Elocution at Cambridge, Vice-President; Dr. S. G. Howe, Corresponding Secretary; and Mr. N. Capen, bookseller and publisher in this city, Recording Secretary. This Society contemplates the objects and is founded on principles that would have been most gratifying to the late lamented founder of the science. He explicitly stated, in private and public, that he desired no one to believe in Phrenology on his authority, or that of any other man or body of men. All he asked of his fellow men was, that each would examine the subject for himself, without prejudice or partiality, and abide by the result of his researches. He was confident that this course was not only the most proper and philosophical in itself, but that it would also tend, more than any other, to remove the false impressions too general respecting his principles of mental philosophy, and to ensure them the confidence and favor of the most able and intelligent of the lovers of truth.

cians, who gave him a few astringent powders of kino, and promised to see him the next morning. The visit was however delayed until the afternoon, and the patient was then found in the last stage of cholera. This case added but little to the alarm, many of the inhabitants visiting him with impunity, and fortunately there was no further spread of the disease after his decease. Many of the neighboring villages were suffering from this scourge of nations, while Brockport remained perfectly free from it until about the middle of September, when an African, for some time a common laborer in the village, and of intemperate habits, was attacked, after drinking several glasses of brandy and new cider, and lying out of doors exposed to the night air. He was seen on Wednesday morning by Dr. McClure, but was then in the stage of collapse, attended with some spasms, having, during the night, freely vomited and purged the fluid peculiar to this complaint. From motives of curiosity I went to see him at 11 1-2 A. M., and found him with the same peculiarities I had observed in other cases at Rochester. There was an universal coldness of the surface—enough to make one shudder on applying the hand; pulsation had ceased at the wrist, but a gentle pulsation of the carotid artery could be distinguished; the muscles of the arms were spasmodically shortened—the skin of the fingers shriveled and loose—and a cold clammy sweat was upon his face. The attending physician had attempted to bleed him from both arms, but failed in the attempt; and having directed frictions of Tinct. Canthar. and given some warm cordial internally, left him. I found his wife very leisurely rubbing his extremities with Tinct. Canth.; and directing her to heat some stones to apply to the feet, I commenced rubbing him briskly for about half an hour, but to little purpose. I then returned home, and at 2, P. M. proposed to a brother student to visit him with me. I prepared three or four ounces of the camphorated mercurial ointment, recommended in a number of your Journal as being found successful in New York, confident that if it would not be of benefit it could do no injury. We found him much as I had left him, and commenced, with the assistance of an African, applying the unguent. In about twenty minutes he became more restless—the surface in some places was quite warm—and the blood began to trickle from the orifices in his arms. We were much gratified with the result of this experiment, although the man was too far gone to hope for any benefit, and were satisfied that the unguent. would be of service in incipient stages of collapse in promoting the circulation. The man died in an hour, and a post-mortem examination was refused. This case produced no excitement whatever; and thus ended the ravages of the cholera in Brockport.

I may add that many of the citizens of this place, on the first appearance of the disease in Montreal, had imbibed an opinion that it was contagious; but at this time it would be difficult persuading any of them into that belief. I know the fallacious nature of arguments drawn from one or two examples; but the perfect impunity with which communication was continued between the sick and well in this and other places that have come under my observation, is sufficient to explode the theories of superficial speculation.

Brockport, December 26, 1832.

RECOVERY FROM COLLAPSE OF CHOLERA.

Another Case of Recovery from the Collapse of Cholera. By JOHN C. HOWARD, M. D. Phys. and Surg. to the House of Industry.

[Communicated for the Boston Medical and Surgical Journal.]

Nov. 30th, 1832. Dr. Gay passed the night at the House of Industry, and was requested to see John Macauley, a boy five years of age. On inquiry, he understood that he had vomited and purged for an hour previous. His countenance and pulse were good when first seen by Dr. Gay. In the space of a short time vomiting occurred, which was accompanied with a great change in the countenance. During the time Dr. G. attended the child, there was frequent vomiting and purging, although the quantity of matter was small; no urine was voided; the alvine evacuations had the usual character of rice water. Notwithstanding every effort, the child continued to sink until eight o'clock, A. M. when the pulse was very small and feeble; the extremities were cold, and of a blue color; the tongue was cold and had a slight white coat; the voice was in a whisper, and the breathing very laborious; the boy has passed no urine since first seen. He continued to sink until half past nine, when the pulse was imperceptible—the extremities very cold and moist, blue color well marked, the tongue was more cold, and the countenance fully indicative of the state of collapse in this disease. The usual expression of the face and eyes was completely obliterated, so that it could not be supposed that the child could have been recognized. The respiration was at this time exceedingly laborious, and the voice in a whisper that could scarcely be heard: as yet no urine voided.

The treatment of this case consisted in the administration of submuriat. hydrarg. x. grs., opium $\frac{1}{2}$ gr., camphor grs. ij. every hour, the immediate application of sinapisms to the feet and abdomen, and of the strong mercurial ointment with camphor and cayenne pepper to the inside of the thighs; the quantity rubbed in was 3ss. at each time. At half past eight there was a very slight appearance of bile in what was vomited; the powders of submuriate, opium and camphor were generally rejected. The above treatment was persisted in until half past nine, when Dr. Gay seeing the boy collapsed, considered the case as hopeless.

At half past ten I saw him, and he was then pulseless and voiceless, and in fact had nothing in common with a living being but the slow heaviness of respiration, and a countenance truly cadaverous. I directed fresh sinapisms to his feet and stomach, and warm applications all around the body, and administered *submuriat. hydrarg. grs. xxx. in a dessert spoon, with a syrup made of pulv. gum acacia and sugar. In the space of two and a half hours the pulse was just perceptible, and there was slight warmth of the extremities; in four hours the pulse was stronger, and he had a discharge with some bile. Directed a scruple of the submuriate (this was at three o'clock, P. M.). He was very thirsty, and drank barley water. At 6, P. M. he had another dejection, somewhat bilious.

* I have found that calomel is better kept on the stomach alone, and have accordingly given it so, uncombined with opium in any form; and of this I am convinced from having witnessed its exhibition in many cases of cholera.

8, P. M. pulse 120, full and soft, extremities warm, countenance much improved, respiration more easy and natural. 9 o'clock, P. M. seen by Dr. Wing, who passed the night at the House of Industry; was comfortable through the night. 9 o'clock, A. M. found the fever of reaction very strong; and, as I have uniformly observed in recovery from collapse, the brain was peculiarly oppressed; the patient seemed to be suffering from that febrile state which usually precedes effusion in hydrocephalus, and in truth he had some of the pathognomic symptoms of that disease. I am induced to mention this circumstance, to call the attention of practitioners to the fact in the recovery from the collapse of cholera; for, at this very time, and in the same room, I had a little patient in the last stage of hydrocephalus, who had five days before recovered from collapse.*

I would mention, in connection with what I have just said, that two adults died of apoplexy, who might perhaps have been relieved had the lancet been freely used. With such sad experience, I directed, to relieve the vessels of the brain, a blister over the head; and, when it should have vesicated well, to be dressed with the unguent. hydrarg. fort.; fresh sinapisms to the feet and epigastrium; submur. hydrarg. grs. iij.; creta preparata grs. vj. every third hour, with barley water and flaxseed tea for drink. These means had a good effect, and the next day I rejoiced to see my little sufferer again open his eyes upon the world and observe external objects, for it was but a few hours before I had certainly believed them closed forever. Mercurial ptyalism was a source of trouble for a few days, but it soon passed off.

Boston, January, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 9, 1833.

COMPARATIVE MODES OF TREATING THE CHOLERA.

How fruitless would be the attempt to enumerate, in a work like this, the remedies that have been proposed for the cure of the cholera; much more to institute any comparison between their several merits. This is a task, not for an individual, but for a medical commission; and it is to be hoped that by such it will shortly be undertaken. A work so herculean, and of such responsibility, should be committed to able and unprejudiced men, and to such, if possible (and some such we have now among us), as have the aid of extensive practical observation. It is a work that should be conducted under the auspices of the Government of the Country, the Commonwealth, or the City; and the Report on the subject that has al-

* Might not this little patient have been saved, had I zealously followed the indication and done what I could to relieve congestion of the brain by prompt bleeding, vesication, &c.? I think he possibly might.

ready emanated from the Massachusetts Medical Society, points to that body as the instrument by which the proposed Sequel would be most ably and independently executed.

We are not aware that a proposition of this kind has ever yet been made; but the time seems to have arrived when it becomes proper to view the subject in this light—to take a retrospect of the experience of the faculty in every country in which the disease has prevailed—to note the various methods of cure that have been proposed—state which of these remain for trial, which have been brought to the test of experiment, and the comparative claims of them all to trial or adoption. As we would not go so far as to suggest any plan for a report of such magnitude, so should we shrink from deciding on the most appropriate mode of originating it; but it occurs to us that the Legislature now in session might with great propriety request such a report from the Medical Society of the Commonwealth, and make a suitable appropriation for an object of so much importance—an object that touches not so much the property or liberties of the people, as their comfort and their lives.

When literary or scientific associations are incorporated by the State Government, and under its especial patronage, it seems peculiarly proper that they should be called on to furnish information on subjects occurring within their province, when any peculiar circumstances make it clear that such information would be productive of good to the people. A stronger case of this description seldom, perhaps, if ever, presented itself, than that to which we have thus briefly alluded.

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Effects of Croton (Tigium) Oil, employed externally and internally, as observed by Professor ANDRAL.—For some time past M. ANDRAL has been engaged in making many trials of the oil of croton tigium, administered both internally and used externally. The following are the results of his observations on the effects of this potent medicine, externally applied.

Applied externally upon some spot of the skin, the oil of croton produces a slight smarting, and some hours after an eruption of a number of small red pimples, which become pustules, having much the appearance of variolous pustules, or of those produced by tartar-emetic ointment.

Four or five drops applied to an equal surface on the palm of the hand, cause a confluent eruption, of which some pustules are surrounded by inflamed areolæ, and occasion acute pain, which, however, passes away in four and twenty hours.

These experiments have been made on more than thirty patients, and the frictions instituted on the abdomen, in the armpits, and on the thighs, with from twelve to twenty drops, pure, or mixed with oil of sweet almonds, in the proportion of from ten to twenty drops of croton oil to one ounce of the oil of sweet almonds. Once there was observed to be three abundant evacuations following the frictions in a few hours. The progress of the eruption is as follows: at the end of from thirty to fifty hours all the pustules are developed, some of them confluent, and then there are seen large bladders filled with a whitish opaque liquid. The pustules continue to increase in size during three or four days, and then remain stationary; a little afterwards they dry, like the eruption of smallpox. If the spots have been numerous, the skin becomes covered with scabs, which desquamate slowly.

If the pustules are few and remain small, M. Andral says their desiccation takes place without the formation of any scabs. Generally, the whole disturbance ceases about the eighth or eleventh day. Once only the eruption wholly failed being excited; but it varies in intensity according to the number of drops of the oil employed, and according to the particular sensibility of individuals and the regions of the body submitted to these frictions. Five or six drops have sufficed in most cases to bring out a considerable eruption, but of small extent; with twelve or fifteen drops a confluent eruption may be produced, covering a great part of the abdominal parietes. In these experiments the number of drops has never exceeded twenty. On the skin of the face the eruption has always been considerable, both as respects the size and the number of the pustules.

At the close of this summary, 'La Lancette Française' reports many other cases in which the croton oil has been employed by M. Andral both externally and internally, and with complete success. These have been abridged in the 'Archives Générales,' and we shall make some extracts from the abridgment.

External Use. A man, aged fifty-four, who some time previously had erysipelas of the face and scalp, accompanied with adynamic symptoms, was admitted into La Pitié, towards the end of last October, with paralysis of the left side of the face: the affection was characterized by insensibility of the parts and almost total loss of sight, hearing, taste, and smell, still without there being any distortion or paralytic motion of the mouth. He was bled and purged, without benefit; but eight drops of croton oil being rubbed on the affected side of the face, caused a confluent eruption, and at the end of two days all the symptoms had disappeared, and the cure was complete.

A painter, aged forty years, who had undergone seven mercurial

courses, was seized, after a sexual debauch, with a paralytic affection of the muscles of the lip and of the right cheek, with numbness of all that side of the face, but without loss of feeling. A friction with eight drops of oil of croton was followed with a similar result to the preceding case, and in a few weeks the cure was complete.

A joiner, fifty years old, who had suffered with sciatica for about twenty years, which, although relieved often by oil of turpentine, still continually recurred, after one friction with the oil of croton was entirely cured in less than three days.

A laborer, forty-eight years of age, affected with a like ailment, which had lasted for four months, and which extended from the hip to the sole of the foot, used thirty-two drops of croton oil in four frictions, made at intervals of a single day, on the posterior part of the lower extremity, from above downwards. A very painful eruption followed these frictions, but the sciatic pains diminished even by the first friction, and disappeared, as if by enchantment, after the fourth.

Similar benefits were received by a woman, fifty-eight years old, and who was afflicted with a similar disease.

In two cases of chronic affection of the stomach, which had resisted ordinary treatment, frictions with oil of croton having produced confluent eruptions, acted like a powerful counter-stimulant, and restored the appetite, removed the pains of the stomach, restrained the vomitings, and so forth.—*London Medical and Physical Journal*.

Case of Treatment by carded Cotton.—The authors of the *Bib. Univ.* say that they guarantee the authenticity of the following case: A girl twelve years of age, who had enjoyed good health, was taken with measles, which did not acquire a full development. In a few months after, she was seized with pain in her limbs, and especially in the right knee. This was at first treated by leeches, &c., as a rheumatic affection, but without success. The inflammation of the limb and knee became terribly severe; abscesses were successively formed, and although their suppuration and lancing diminished the pain, the inflammation was renewed with increased intensity. Fomentations and a deep incision in the knee were resorted to without any advantage. This painful condition had continued five months, when it was resolved, in consequence of the success of Dr. Peschier with carded cotton, to make an application of it. The whole leg was enveloped with it. In a few days the suppuration became more free and abundant, the inflammation was sensibly diminished, the pains abated, and her sleep was more tranquil. In a few weeks the change was decided; and in three months, viz. eight months after the first attack, the girl was cured, except that the leg remained weak and stiff, which it was expected that the use of mineral waters would remove. It may be remarked, that before the application of the cotton, there had been some periods of amendment, but always followed by a relapse; whereas, after the first trial of the cotton, the healing went on with perfect regularity.

New Process for obtaining Morphine.—Ant. Galvani (*Ann. delle Scienze*, etc. Maggio et Giguno, 1831) describes a method of obtaining, directly from opium, morphine free from narcotine. He admits that his process is a modification of that contrived by M. Guillermond, apothecary at Lyons. It consists essentially of reducing, by evaporation, the alco-

holie solution of opium to the density of an extract, then by successive solutions and filtrations to separate from all the resinous matter of the extract, which causes the narcotine to be separated from the morphine. A prolonged ebullition with calcined magnesia, a succession of filtrations, washings and desiccations, produce at length very pure morphine, completely separated from all narcotine. With respect to the resinous matter, by dissolving it in dilute sulphuric acid, and decomposing the solution by potash, the narcotine is precipitated, and must be purified by treating it again with sulphuric acid and ammonia, filtering resolution in alcohol at 24 degrees, and crystallization. In making, with one pound of opium, five tinctures in alcohol of different degrees of strength, the author was enabled, by the foregoing process, to obtain from it eight drachms of very pure morphine.—*Amer. Jour. Science.*

Diabetes Mellitus.—A soldier had suffered dreadfully for five months from a thirst which he could not quench; from great dryness and heat of the surface, &c. The quantity of urine per diem exceeded fifteen litres. He was put on a diet of strong animal food; rubbed embrocations on the skin, used sulphureous baths, and had moxas, and cupping glasses occasionally applied over the kidneys. The quantity of urine was reduced to six litres in three weeks; and he found himself so much better that he refused to remain longer in the hospital. On analyzing the urine, much saccharine matter was readily detected, in the proportion of an ounce and a half of a thick honey-like fluid, in every litre of urine. Neither urea nor uric acid could be discovered; and the sulphates and phosphates were much diminished in quantity.—*Annales de la Médecine Physiol.*

Cherry-laurel Water in Cholera.—Dr. DUDON, of Batignolles, states that he has employed the cherry-laurel water externally, with much benefit, to relieve the epigastric pains which so frequently follow the vomitings in cholera. He makes an almond poultice, to which the cherry-laurel water is added, and, applying this to the seat of the pain, in a very few minutes the gastralgia almost always is completely relieved. He likewise proposes to administer the same medicine internally.—*Gazette Medicale.*

Oily Appearance of Dew.—Several gardeners in the environs of Rotterdam have observed, for some time, that the dew covering the leaves of plants in the morning, instead of being clear and thin as usual, has had an oily appearance, and sticks to the fingers. This change is said to have been simultaneous with the appearance of the cholera; and the question has been asked, whether it may not have been occasioned by the same atmospheric states which predispose to an attack of cholera.—*Gazette Med.*

Whole number of deaths in Boston for the week ending Jan. 5, 29. Males, 17—Females, 12.

Of apoplexy, 1—consumption, 3—convulsions, 2—croup, 2—debility, 1—infantile, 5—Inflammation of the bowels, 1—intemperance, 2—jaundice, 1—lung fever, 2—mortification, 1—old age, 2—paralysis, 1—quinsy, 1—scarlet fever, 2—typhous fever, 1—unknown, 1.

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